

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9	1					
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1					
17		1				
18		2				
19		2				
20		2				
21		2				
22	1					
23		1				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30	1					
31	1					
32	1					
33		1				
34	1					
35		1				
36	1					
37	1					
38		1				
39	1					
40		1				
41		2				
42	1					
43		1				
44		1				
45		3				
46		3				
47		3				
48		3				
49	1					
50						
TOTAL IND.	14					
TOTAL DEP.	64					
TOTAL CLAIMS	78					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS